

ONE STOP PERMITTING

CITY OF BIRMINGHAM
DEPARTMENT OF PLANNING, ENGINEERING & PERMITS
710 North 20th Street
ROOM 207, CITY HALL
BIRMINGHAM, ALABAMA 35203

Randall L. Woodfin, Mayor

Andre V. Bittas, Director

**APPLICATION / REGISTRATION FOR MASTER
ELECTRICIAN RECIPROCAL**

Date _____
Case No. _____
Master No. _____
Project No. _____

Please print legibly and fill in all that apply

To: Board of Electrical Examiners

Date: _____

I, _____
Last First M.I.

Date of Birth _____ Social Security Number ____-____-____

Address: _____ City/State/Zip _____

Telephone: (____) _____ Fax: (____) _____

Email Address: _____

hereby make application to the Electrical Examining Board of the City of Birmingham for a Master Electrician's Certificate of Competency in accordance with the provisions of the City of Birmingham and in support of this application, I HEREBY CERTIFY that I am presently the holder of a current Master Electrician's Certificate of Competency issued by:

Reciprocal Jurisdiction: _____

Master Card/Certificate No.: _____ Date of Issue: _____

Name on Certificate: _____
Last First M.I.

AFFIDAVIT

I, _____, the undersigned, HEREBY CERTIFY that I possess the necessary qualifications, training and technical knowledge to install electrical wiring, apparatus or equipment for light, heat or power, as covered by the terms and provisions of the Electrical Code of the City of Birmingham; and I FURTHER CERTIFY that the above information is true and correct to the best of my knowledge, and I am making this affidavit for the purpose of consideration to the Electrical Examining Board of the City of Birmingham to issue the foresaid a Master Electrician's Certificate of Competency in accordance with Ordinance NO. 80-132.

Signature of Applicant Date

Sworn to and subscribed to before me this _____ day of _____, 20_____.

My commission expires: _____.

Notary Public

SEAL

THE MASTER APPLICANT MUST BRING THIS COMPLETED APPLICATION TO THE DEPARTMENT OF PLANNING, ENGINEERING AND PERMITS, ROOM 207, CITY HALL, BIRMINGHAM, ALABAMA

FOR STAFF USE

Total Master Hours _____

Status ☐ Standard ☐ Permanent

Expiration Date: _____

CERTIFICATE NUMBER: _____ DATE ISSUED: _____